



International Association of Assessing Officers

314 W. 10th Street
Kansas City, MO 64105
816-701-8100
www.iaao.org

MASTER/COMPREHENSIVE EXAMINATION PROCTOR REQUEST FORM

This form must be forwarded by the candidate arranging for the proctoring of his or her professional designation examination to the proctor who has agreed to administer the examination. **The proctor cannot be related to the candidate. A CAE can proctor any examination. An RES can proctor an RES examination; a CMS can proctor a CMS examination; a PPS can proctor a PPS examination; and an AAS can proctor an AAS examination.** Mail to *IAAO, Professional Designation Program, 314 West 10th Street, Kansas City, MO 64105 Phone: 816-701-8100 FAX: 816-701-8169.*

Name of Candidate

Candidate File #

Name of Proctor

Title

Proctor Agency/Firm Name

Proctor Street Address (NO P.O. BOXES)

City/State/Province

Zip/ Postal

Proctors Telephone Number _____ 1st attempt _____ 2nd attempt _____

I request that the examination for the following designation be sent to me for proctoring the above named candidate: (check only one)

☐ AAS ☐ CMS ☐ PPS ☐ RES (or) ☐ CAE (Comprehensive)

On

_____ at _____
Date of Examination Location of Examination Session

Signature of Proctor

Date

NOTE: Please allow a minimum of two/three weeks mailing time for receipt of the examination requested.